

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations			Date of This Filing 09/21/2005 Report No. LIE-416 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 7	Date Stamp Page 1 of 7	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMBER (if applicable) 1273998			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Reapportionment. Initiative Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 77	JURISDICTION Statewide	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/19/2005	Support Services	\$166.68
09/20/2005	Support Services	\$2.13
09/21/2005	Office Expenses	\$0.47
09/21/2005	Staff Expenses	\$5.28
09/21/2005	Staff Expenses	\$1.47

Reason for Amendment:

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations			Date of This Filing 09/21/2005 Report No. LIE-416 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 7	Date Stamp Page 2 of 7	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMBER (if applicable) 1273998			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Reapportionment. Initiative Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 77	JURISDICTION Statewide	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/21/2005	Office Expenses	\$3.75
09/21/2005	Office Expenses	\$1.25
09/21/2005	Office Expenses	\$99.77
09/21/2005	Office Expenses	\$13.54
09/21/2005	Data Lists	\$59.13

Reason for Amendment:

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations			Date of This Filing 09/21/2005 Report No. LIE-416 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 7	Date Stamp Page 3 of 7	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMBER (if applicable) 1273998			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Reapportionment. Initiative Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 77	JURISDICTION Statewide	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/21/2005	Office Expenses	\$1.25
09/21/2005	Staff Expenses	\$2.96
09/21/2005	Office Expenses	\$0.41
09/21/2005	Office Expenses	\$24.25
09/21/2005	Staff Expenses	\$4.76

Reason for Amendment:

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations			Date of This Filing 09/21/2005 Report No. LIE-416 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 7	Date Stamp Page 4 of 7	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMBER (if applicable) 1273998			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Reapportionment. Initiative Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 77	JURISDICTION Statewide	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/21/2005	Office Expenses	\$3.93
09/21/2005	Office Expenses	\$9.15
09/21/2005	Office Expenses	\$1.25
09/21/2005	Staff Expenses	\$1.25
09/21/2005	Staff Expenses	\$4.54

Reason for Amendment:

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations			Date of This Filing 09/21/2005 Report No. LIE-416 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 7	Date Stamp Page 5 of 7	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMBER (if applicable) 1273998			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Reapportionment. Initiative Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 77	JURISDICTION Statewide	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/21/2005	Office Expenses	\$2.16
09/21/2005	Office Expenses	\$0.54
09/21/2005	Office Expenses	\$9.95
09/21/2005	Office Expenses	\$4.66
09/21/2005	Staff Expenses	\$4.01

Reason for Amendment:

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations			Date of This Filing 09/21/2005 Report No. LIE-416 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 7	Date Stamp Page 6 of 7	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUMBER (if applicable) 1273998			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Reapportionment. Initiative Constitutional Amendment.			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 77	JURISDICTION Statewide	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/21/2005	Office Expenses	\$0.64
09/21/2005	Office Expenses	\$8.13
09/21/2005	Data Lists	\$112.50
09/21/2005	Office Expenses	\$4.71
09/21/2005	Office Expenses	\$143.73

Reason for Amendment:

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM 496

NAME OF FILER

Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations

I.D. NUMBER (If applicable)
1273998

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
9/19/2005	SEIU Local 1000 CA State Employees Association Issues PAC Sacramento, CA 95814 ID: 1271482	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$6,667.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772